

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027328

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

885

STATE FILE NUMBER

FILED JUL 29 1963

VS 300
Rev. 4/59

5117

25117

3

4 0

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7 1

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12 3-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF
R.L. Maginn, M.D.
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hospital		d. STREET ADDRESS 1310 Main St.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First RAYMOND Middle W Last KERNS		4. DATE OF DEATH Month July Day 20 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/29/1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Construction		10b. KIND OF BUSINESS OR INDUSTRY Construction	9. AGE (last birthday) 54
11. BIRTHPLACE (City and state or country) Elwood, Kansas		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Theodore Kerns		13b. MOTHER'S MAIDEN NAME Ida Broz	
14. NAME OF HUSBAND OR WIFE Mrs. Thelma Kerns		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.#2	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mrs. Thelma Kerns Address 1310 Main St. St. Joseph, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 21. Rt. Ventricle failure DUE TO (b) arteriosclerotic heart disease DUE TO (c) [REDACTED] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary embolism & pneumonia PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour [REDACTED] Month, Day, Year [REDACTED]	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 7-1-63 to 7-20-63 and last saw him alive on 7-20-63 Death occurred at 1:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R.L. Maginn (Degree or title) MD		22b. ADDRESS 702 Julia, St. Joseph, Mo	
22c. DATE SIGNED 7-22-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 7/22/63		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
23d. LOCATION (City, town, or county) St. Joseph Missouri		23e. DATE RECD. BY LOCAL REG. July 24, 1963	
23f. REGISTRAR'S SIGNATURE Mrs. Clark Goodell		23g. FUNERAL DIRECTOR St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AUG 7 1963

Permit issued 7-22-63

111-1114

0-8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.